



**The State of New Hampshire  
Insurance Department**

21 South Fruit Street, Suite 14  
Concord NH 03301  
(603) 271-2261 Fax (603) 271-0248

Please include an additional copy of the registration form (without attachments) and a self addressed - stamped envelope. The Department will return additional copy stamped "Registered" if approved.

**Consumer Guaranty Contracts  
Obligor Registration Form**

**IMPORTANT:** Consumer Guaranty Contracts are subject to New Hampshire Revised Statutes Annotated (RSA) 415-C. Each registrant is responsible to review and understand the law before completing this form.

**Please select all Consumer Guaranty Contracts and fees that are subject to registration:**

<u>Subject of Contract</u>	<u>New Registration</u>	<u>Annual Renewal</u>	<u>Renewal Date</u>
<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> \$300	<input type="checkbox"/> \$150	June 14 <sup>th</sup> 200__
<input type="checkbox"/> Home Warranty	<input type="checkbox"/> \$300	<input type="checkbox"/> \$150	June 14 <sup>th</sup> 200__
<input type="checkbox"/> Consumer Goods	<input type="checkbox"/> \$300	<input type="checkbox"/> \$150	June 14 <sup>th</sup> 200__
<input type="checkbox"/> Pre-Paid Legal	<input type="checkbox"/> \$300	<input type="checkbox"/> \$150	June 14 <sup>th</sup> 200__
<input type="checkbox"/> Debt Cancellation/Suspension	<input type="checkbox"/> \$300	<input type="checkbox"/> \$150	June 14 <sup>th</sup> 200__
<input type="checkbox"/> Other: _____	<input type="checkbox"/> \$300	<input type="checkbox"/> \$150	June 14 <sup>th</sup> 200__

TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_ Check # \_\_\_\_\_

1. Obligor business name: \_\_\_\_\_

(a) Tax Identification Number: \_\_\_\_\_

(b) Current home office address (where renewal information should be sent):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

(c) Type of Organization: ☐ Sole Proprietorship ☐ Corporation ☐ LLC ☐ LLP  
☐ Partnership ☐ Other: \_\_\_\_\_

(d) Organization was incorporated or formed on \_\_\_\_\_ date in \_\_\_\_\_ state.

(e) Attach all that apply:

- ☐ Certificate of incorporation or formation issued by appropriate state agency.
- ☐ Certificate of registration as a foreign entity issued by the NH Secretary of State.
- ☐ Certified copy of Charter and Bylaws
- ☐ Certified copy of Operating / Partnership Agreement
- ☐ Other organization formation documents not listed above: \_\_\_\_\_

Note: Foreign corporation, LLCs, LLPs and partnerships must provide a copy of their home state registration and proof of registration as a foreign entity with the NH Secretary of State

2. Name and title of highest ranked contact person for NH business:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: (Same as ☐ no. 1) Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

3. Location of Obligor's books and records for NH Business

Address (*Same as* ☐ *no.1*, ☐ *no.2*), Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

4. All trade names used for Consumer Guaranty Contracts: \_\_\_\_\_

*Note: Registrants who propose to use trade names must provide proof of trade name registration issued by the NH Secretary of State. The owner of trade name must match name of Obligor.*

5. NH counties where Obligor will offer Consumer Guaranty Contracts: ("all" if statewide) \_\_\_\_\_

6. States outside of NH where Obligor plans to or does offer Consumer Guaranty Contracts:

7. Name of agent or attorney located in NH for service of process: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### **Proof of Financial Responsibility**

*IMPORTANT: RSA 415-C:3 requires that the obligor's president and secretary attach a certificate with the registration giving a full statement, under oath, that the fiscal requirements stated in this RSA 415-C are met.*

**Please select option below to show proof of financial responsibility.**

1. [ ] **Bond** (RSA 415-C: 4(I)):

Please select the greater of the following two choices, up to a maximum of \$250,000

☐ \$25,000, or

☐ 5 percent of all consumer guarantee contracts sold in New Hampshire.

Attach copy of bond and certified documentary proof of sales activity if applicable.

2. [ ] **Reimbursement Insurance Policy** (RSA 415-C: 4(II)):

Insurer must be authorized to do business in this state to issue policy.

Name and address of insurer: \_\_\_\_\_

Name and address of producer (if applicable): \_\_\_\_\_

Policy Number: \_\_\_\_\_ Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

Attach copy of declaration page and policy.

3. [ ] **Capital** (RSA 415-C: 4(III)):

Please select from below and

☐ Minimum net worth of \$25,000,000, or

☐ Minimum stockholders' equity of \$25,000,000.

Attach Obligor's annual audited financial statement, certified by a public accountant, or Form 10K or 20F filed with the SEC.

## Certification by President / Managing Partner

*The undersigned deposes and says that he/she has duly executed this registration dated \_\_\_\_\_ for and on behalf of \_\_\_\_\_ (Obligor Name), and that he/she holds the executive position of \_\_\_\_\_ (Title) of such company; and that he/she is authorized to execute and file this registration. Deponent further states he/she is familiar with this instrument, including all documents and laws related to this registration and the contents thereof, and that the facts herein set forth are true to the best of his/her knowledge, information and belief and he/she hereby certifies that \_\_\_\_\_ (Obligor Name) is in compliance with all legal and fiscal requirements, including those found in NH RSA 415:C .*

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

### Notary Information

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, personally appeared \_\_\_\_\_

\_\_\_\_\_ (Person's name) to me known to be the \_\_\_\_\_ (Title) of the above named organization, and who being duly sworn according to law, did depose and say the he/she read, signed, is knowledgeable regarding the contents of the foregoing registration and certification, including all related documents, represents that he or she is authorized to sign this document on behalf of the organization and that the statements contained in this registration and certification are true and complete.

(Notary Public)

My Commission Expires \_\_\_\_\_

## Certification by Secretary

*The undersigned deposes and says that he/she has duly executed this registration dated \_\_\_\_\_ for and on behalf of \_\_\_\_\_ (Obligor Name), and that he/she holds the executive position of \_\_\_\_\_ (Title) of such company; and that he/she is authorized to execute and file this registration. Deponent further states he/she is familiar with this instrument, including all documents and laws related to this registration and the contents thereof, and that the facts herein set forth are true to the best of his/her knowledge, information and belief and he/she hereby certifies that \_\_\_\_\_ (Obligor Name) is in compliance with all legal and fiscal requirements, including those found in NH RSA 415:C .*

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

### Notary Information

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, personally appeared \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(Person's name) to me known to be the \_\_\_\_\_ (Title) of the above named organization, and who being duly sworn according to law, did depose and say the he/she read, signed, is knowledgeable regarding the contents of the foregoing registration and certification, including all related documents, represents that he or she is authorized to sign this document on behalf of the organization and that the statements contained in this registration and certification are true and complete.

(Notary Public)

My Commission Expires \_\_\_\_\_

## Registration Checklist

- ☐ *Completed registration form*
- ☐ *Check for fees*
- ☐ *Correct renewal date (see FAQs 9, 10 & 11)*
- ☐ *Attached copies of organizational documents, including those filed with local and NH state agencies.*
- ☐ *Attached copy of trade name registration, if applicable.*
- ☐ *Attached copies of financial responsibility documents*
- ☐ *Attached certificate by president and secretary (or equivalent) of company, giving a full statement, under oath, that the fiscal requirements stated in this RSA 415-C are met.*